## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(8) CLAIMS AFTER 2nd AMENDMENT APTER 1st AMENDMENT DER DEP. IND. DEP. IND. DEP. IND. DEP. IND. IND. 73 · 97. TOTAL TOTAL **.**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL DEP.

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TOTAL DEP. TOTAL CLAIMS